

Mayor's Office of Drug Control Policy



Two-Year Strategic Plan for Addressing the Opioid Crisis in the City of Huntington/ Cabell and Wayne Counties, West Virginia

May 2017

PLAINTIFFS TRIAL
EXHIBIT
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Photo by Sholten Singer/The Herald-Dispatch

A Recovery Story

William Lockwood is a 26-year old student, community member, and dad to a five-year old son. A native and current resident of Huntington, Lockwood said he had a loving family and normal childhood, but being introduced by his older peers to marijuana and alcohol at the age of 13 and prescription opioids by age 15 led him to abuse drugs and struggle with addiction. For over nine years, he wavered between sobriety and drug use, relapsing multiple times and entering several different treatment programs.

In 2014, Lockwood reached “rock bottom.” Believing his son deserved a better dad, Lockwood decided to end his life. He started using lethal amounts of heroin and overdosed three times within two weeks. The first time he overdosed during that period, he was administered naloxone and, when revived, questioned the EMS workers regarding why they revived him. He wanted to die. On September 4, 2014, Lockwood suffered his final overdose. At a pink motel called the Coach’s Inn, a well-known drug spot, he awoke in a bathtub with cold water streaming down his face and his drug dealer beating on his chest. Emerging from the bathtub, Lockwood glimpsed his reflection in the mirror and told himself, “Will, you are meant for more than this. You have a son.” He decided to change. Lockwood entered a treatment and recovery program in Huntington and has never used drugs again.

Lockwood is now the Operations Director at that treatment and recovery center, helping other men recover from addiction, and also a full-time student at Marshall University. Within the community, he works to reduce the stigma associated with drug addiction by sharing his story and encouraging others to do the same to elucidate that recovery is possible. Lockwood plans to become an attorney.

Mayor's Office of Drug Control Policy

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Mayor's Office of Drug Control Policy, "Two-Year Strategic Plan for Addressing the Opioid Crisis in the City of Huntington/Cabell and Wayne Counties, West Virginia," *City of Huntington*, WV, 2017, <http://www.cityofhuntington.com/city-government/mayors-office-of-drug-control-policy>.

To the residents of Huntington and the Tri-State Region,

Simply stated, our families, our neighborhoods, our communities, our cities, and our states are under siege. The epidemic of addiction is now so pervasive that our standard of living, our way of life, and our children's future is at stake. Indeed, the issue is clear, but the solution is so very complex.

The Mayor's Office of Drug Control Policy was established in November 2014 to assist in creating a dialogue in our community and throughout the region about the pervasive nature of this epidemic of addiction. It is a law enforcement problem that requires aggressive, coordinated, and unrelenting pursuit of those who traffic in illegal narcotics. It is also an addiction problem that requires an even larger aggressive, coordinated, and unrelenting effort to begin saving lives.

The Mayor's Office of Drug Control Policy was our way of saying that, in order to defeat this epidemic, we must first own it. It is up to us to devise solutions that best serve our community.

In the two-plus years since our inception, we have discovered a fundamental truth. There is no shortage of efforts and resources attempting to wrestle this beast to the ground. Every group involved—from law enforcement to social service agencies, neighborhood groups, faith groups, and local, state, and federal agencies—is committed to achieving a common goal: the eradication of addiction and trafficking of illegal drugs.

The more we met and spoke to individual groups, in the beginning, we found that while all were focused on the same goal, the efforts were disjointed at best. The left hand oftentimes did not know what the right hand was doing. Now, we are establishing a coordinated effort that assures what is happening at the local level is also coordinated at the state and national levels. We hope to further improve that coordination in the future.

We all acknowledge that we must focus on improving our efforts in three key areas: prevention, treatment and recovery, and law enforcement. This strategic plan is the outcome of hundreds of meetings over thousands of hours of interaction between law enforcement officers, health care professionals, social service administrators, educators, elected officials, clergymen, community activists, recovering addicts, and neighborhood groups.

We have created a dialogue that stretches from Huntington's City Hall to the West Virginia State Capitol, the halls of Congress, and the White House. Together, we will develop a model for recovery that other communities will seek to follow. This strategic plan is the next step in that journey.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steve Williams".

Steve Williams
Mayor, City of Huntington, WV

Dear Huntington area residents,

The Huntington Mayor's Office of Drug Control Policy was created in response to an epidemic that has affected Huntington, the state of West Virginia, and several parts of the United States.

Our work to eradicate the supply of illegal drugs and reduce demand through best practices and innovative programs has brought the community together to seek solutions. We are also seeing productive partnerships in the medical community that are focused on a holistic approach to mitigate the public health crisis caused by drug abuse.

Working together with the Mayor's Office of Drug Control Policy to reduce the supply of and demand for drugs in our community, federal agencies, including the Appalachia High Intensity Drug Trafficking Area and Drug Enforcement Agency, have brought resources to Huntington and awareness that the opioid crisis is more than a law enforcement problem.

While strides have been made, much more must be done to achieve success. New initiatives and support from the entire community to confront this epidemic in the areas of prevention, treatment and recovery, and law enforcement are needed going forward. Our goal is to make Huntington a better community and develop policy that other cities will follow to achieve success.

Sincerely,

A handwritten signature in black ink that reads "Jim Johnson". The signature is written in a cursive, flowing style.

Jim Johnson
Director, Mayor's Office of Drug Control Policy
City of Huntington, WV

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Executive Summary

BACKGROUND

With more than 10% of the population addicted to opioids, Huntington/Cabell and Wayne Counties, WV, is facing an epidemic like many communities in the US. In November 2014, Mayor Steve Williams formed the Mayor's Office of Drug Control Policy (MODCP) to lead Huntington's efforts to combat the crisis and released a two-year strategic plan in 2015. Although the number of fatal overdoses has declined with increased naloxone use, the number of overdoses has spiked with the rise of synthetic opioids. A total of 1,476 overdose incidents were reported in Cabell County in 2016, a 443% increase since 2014 (see **Figure 1**).

The MODCP aims to improve its efforts in three key areas: prevention, treatment and recovery, and law enforcement. The purpose of this report is to provide a new, two-year strategic plan, suggesting the MODCP's continued commitment to address the opioid crisis in the Huntington area.

PREVENTION

Goal: To prevent initial drug use and mitigate the public health risks associated with the opioid crisis.

Problem: The youngest overdose victim in Cabell County in 2016 was 11 years old. West Virginia ranks first in the nation in hepatitis B incidence and second in hepatitis C incidence (see **Figure 3**). The incidence of neonatal abstinence syndrome in Cabell County is 10 times higher than the national average.

Key Efforts: Since 2014, the MODCP has worked with key stakeholders to develop prevention programs for youth, provide educational resources for parents, and promote the area's Harm Reduction Program. It plans to build on existing efforts by expanding youth programs and community outreach and promoting the creation of a primary prevention program for women.

TREATMENT AND RECOVERY

Goal: To increase the menu of options for treatment and recovery and improve coordination between key stakeholders.

Problem: The demand for treatments far exceeds supply, and few of the existing facilities serve women and children. While key stakeholders have increasingly collaborated, they still largely operate in silos.

Key Efforts: The MODCP has worked to expand existing treatment services, create transitional housing, and develop long-term outpatient services. It plans to expand access to medication-assisted treatment, establish treatment programs for women and children with NAS, create a regional hub where individuals struggling with addiction can receive assessments and referrals to treatment, and build a Smart Community that integrates the data from key stakeholders into a centralized information system.

LAW ENFORCEMENT

Goal: To improve law enforcement's ability to target and address drug trafficking and divert people struggling with addiction into treatment and recovery.

Problem: The Huntington area is an epicenter for drug distribution. While efforts are needed to reduce the drug supply, imprisoning non-violent drug offenders and responding to overdoses are costly.

Key Efforts: The MODCP has advocated for laws to help reduce drug trafficking and created programs to divert non-violent drug offenders and overdose victims into treatment, including a pre-booking diversion program and drug court for female prostitutes. Within the next two years, the MODCP plans to further improve its efforts by adopting the Drug Enforcement Agency's 360 Strategy for addressing the opioid crisis.

1 | Background

HUNTINGTON'S MAYOR'S OFFICE OF DRUG CONTROL POLICY

A city in Cabell and Wayne Counties along the Ohio River, Huntington, West Virginia, has a population of about 50,000 and is in the middle of the Appalachian region. With more than 10% of the population addicted to opioids, the Huntington area is facing an epidemic similar to many communities throughout the US, and the Appalachian region is arguably the epicenter of the nation's opioid crisis. In November 2014, Mayor Steve Williams formed the Mayor's Office of Drug Control Policy (MODCP) to lead and manage the city's efforts to combat the opioid crisis.

The MODCP's Mission Statement

The MODCP serves as a leader for improving the health and safety of people in the Huntington area by promoting strategic approaches and collaborations to reduce drug trafficking and related crime while also advancing prevention, treatment, and recovery options.

The MODCP's Vision

The MODCP envisions a community where people are healthy and safe, there is no supply of illegal drugs, and no one misuses drugs.

In 2015, the MODCP released a two-year strategic plan, outlining its efforts in three areas: prevention, treatment and recovery, and law enforcement.

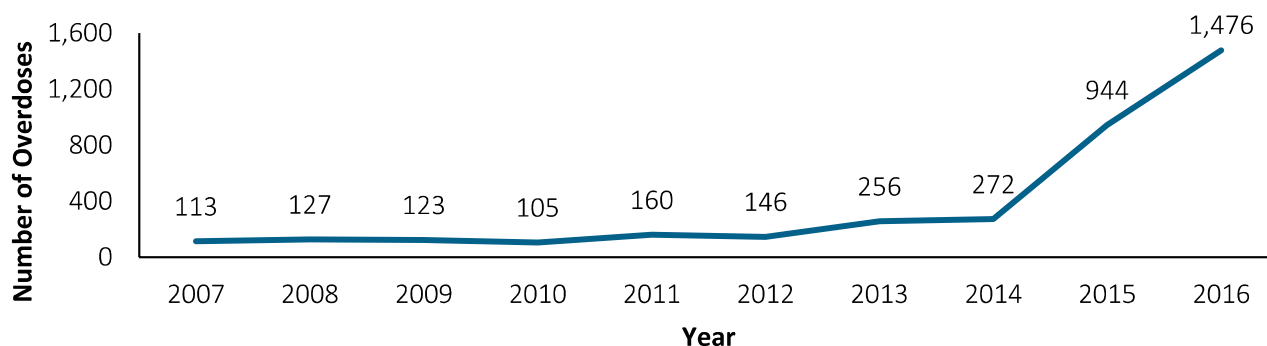
Purpose of This Report

The purpose of this report is to provide a new, two-year strategic plan, outlining the MODCP's key efforts and suggesting its continued commitment to address the opioid crisis in the Huntington area.

THE HUNTINGTON AREA'S OPIOID CRISIS HAS WORSENEDED

A total of 1,476 drug overdose incidents were reported in Cabell County in 2016, a 56% increase since 2015 and a 443% increase over the total number of overdoses in 2014 (see **Figure 1**). As those figures only account for incidents that were reported to Cabell County 911, the MODCP suggests they underestimate the number of overdoses that actually occurred in the Huntington area. It is also important to note that only one incident is recorded if multiple people overdose in the same location at the same time. Although the number of fatal overdoses has declined as first responders have increasingly used naloxone, the total

Figure 1. Drug Overdoses Reported to Cabell County 911, 2007-2016



number of overdoses has spiked with the emergence of synthetic opioids that are 50 to 10,000 times stronger than morphine or heroin, such as fentanyl and carfentanil. In August 2016, carfentanil use led to 26 overdoses in the city within four hours. In 2015, Huntington's drug overdose death rate was 116 deaths per 100,000 population, and West Virginia's rate was the highest in the nation.

In 2004, drug offenses primarily occurred within a two-block-by-two-block area in the city. By 2014, however,

opioid addiction affected all demographics with drug offenses occurring in every part of the city; since then, the crisis has only worsened (see **Figure 2**).

To address the opioid epidemic in Huntington and surrounding communities in Cabell and Wayne counties, the MODCP has focused on improving efforts in three key areas since 2014: prevention, treatment and recovery, and law enforcement. The following sections in this report summarize the MODCP's goals and city's key initiatives for each of those areas.

Figure 2. Location and Concentration of Drug Offenses in Huntington, WV, 2004-2016



Note: The colors in each map represent the concentration, or quantity, of drug offenses that occurred in a specific area and ranges from **green**, few drug offenses, to **red**, many drug offenses.

Source: Huntington, WV, Police Department

2 | Prevention

Goal, Objectives, and Key Efforts

Goal

To prevent initial drug use and mitigate the public health risks associated with the opioid crisis.

Objectives

1. Reduce underage drug and alcohol use
2. Prevent the spread of blood-borne pathogens
3. Reduce the incidence of neonatal abstinence syndrome

Existing Efforts

- Offering prevention programs for youth
- Providing educational materials and resources for parents about drugs and addiction
- Promoting harm reduction and supporting the Harm Reduction Program

Planned Efforts

- Providing an evidence-based prevention education program for Cabell County students
- Expanding existing community outreach efforts
- Adopting the DEA 360 Strategy
- Expanding the Harm Reduction Program
- Promoting the development of a primary prevention program for women

Key Stakeholders

Marshall University, the Drug Enforcement Agency, Appalachia High Intensity Drug Trafficking Area, Cabell County Substance Abuse Prevention Partnership, Huntington Police Department, West Virginia Department of Military Affairs and Public Safety, Cabell-Huntington Health Department, and youth-serving organizations

The Huntington area has sustained high costs related to healthcare, criminal justice, and other public services because of the opioid crisis. In 2015, medical costs associated with drug use were estimated to be about \$100 million in Cabell County. Since 2014, the MODCP has pursued strategic partnerships with federal, state, and local organizations to provide and expand community prevention and intervention efforts to reduce addiction in the community, mitigate the costs associated with the opioid epidemic, and adequately address the crisis over time. The MODCP's goal is to discourage people from initially using drugs for non-medical purposes and attenuate the public health risks associated with the opioid crisis. Its existing and planned prevention efforts are focused on achieving three objectives:

OBJECTIVE 1: REDUCE UNDERAGE DRUG AND ALCOHOL USE

Problem: Youth Are Experimenting with Substances Before Age 12

The American Academy of Child and Adolescent Psychiatry suggests the average age of initial marijuana use is 14, and people may begin using alcohol before age 12.¹ Evidence suggests youth in the Huntington area are indeed experimenting with alcohol and drugs at an early age. In Cabell County, more than 25% of high school seniors reported using an illicit drug during 2015-2016, and in 2015, West Virginia had the highest rate of fatal, youth drug overdoses in the nation (12.6 per 100,000 youth ages 12-25). The youngest non-fatal drug overdose victim in Cabell County was 12 years old in 2015 and, in 2016, 11.

Initial drug and alcohol use can impair judgment, result in addiction, and lead to other risky, harmful behaviors. And, experimenting with drugs at a young age can increase people's risk for developing an addiction. In a survey conducted by the Substance Abuse and Mental Health Services Administration in 2012, 15% of

participants who reported using alcohol at or before age 14 were classified with alcohol abuse or dependence compared with 2% of participants who first used alcohol when they were at least 21.² In another study, 42% of people who began using prescription drugs for a non-medical purpose at age 13 or younger later developed prescription drug abuse compared with 17% of people who began using prescription drugs non-medically at age 21 or older.³ These results provide evidence that intervening to prevent youth from ever experimenting with alcohol and drugs is critical for reducing youth's risk for later developing addiction.

The MODCP's Response: Providing Youth Programs and Resources for Parents and the Community to Reduce Underage Drug and Alcohol Use

Existing and Planned Prevention and Education Programs for Youth

The MODCP has partnered with Marshall University, the Drug Enforcement Agency (DEA), and Appalachia High Intensity Drug Trafficking Area (Appalachia HIDTA) to provide youth programs, including a mentoring program that pairs Marshall athletes with youth through youth-serving, community organizations and the Appalachia HIDTA's "On the Move" program, which teaches youth about the dangers and effects of using drugs and alcohol. The MODCP has also partnered with the Huntington Police Department to provide law enforcement role models for youth to encourage and facilitate more positive interactions between youth and area police.

Together with the MODCP and key stakeholders that work with and provide services for youth, including the Cabell-Huntington Health Department and Cabell County Schools, the Cabell County Substance Abuse Prevention Partnership (CCSAPP) is planning to provide an evidence-based prevention education program, known as "Too Good for Drugs," for every student in Cabell County Schools. The program would educate youth about the effects of abusing substances and how to resist peer pressure as they navigate adolescence. The case-based curriculum helps youth understand

how to set goals, manage their emotions, and build confidence, using real-life scenarios as a basis for instruction. The MODCP and CCSAPP plan for every middle school teacher to use the curriculum and are working to secure funding for the program.

Resources for Parents and the Community

The MODCP has worked with the CCSAPP and Appalachia HIDTA to provide educational materials for parents to help them have conversations with children about drugs, monitor their children's activity, and understand the actions to take if they suspect their children are using drugs. Those organizations have also provided drug-testing kits for parents as a basis for discussing the dangers of drug use with their children and provide youth with an excuse to refuse drugs in peer pressure situations (i.e., that they may have to complete a drug test at home).

Together with the MODCP, the Marshall University School of Pharmacy is also working to expand existing community outreach efforts focused on educating college students, parents, and the community about the dangers of opioids, signs of addiction, and naloxone. The MODCP has applied for funding to support that work.

The MODCP is also working to educate the community about the Adverse Childhood Experiences Study and has partnered with the DEA to provide training on how to talk with children about substance abuse. Moreover, the MODCP plans to adopt the DEA's 360 Strategy, which is a comprehensive approach to the opioid crisis, including outreach efforts to raise awareness about the epidemic and educate the community.

By increasing its prevention efforts focused on youth, parents, and the community, the MODCP expects to decrease the presence of addiction in the Huntington area and curb the opioid crisis in the long term.

By increasing its prevention efforts, the MODCP expects to **DECREASE THE PRESENCE OF ADDICTION IN THE HUNTINGTON AREA** and curb the opioid crisis in the long term.

OBJECTIVE 2: PREVENT THE SPREAD OF BLOOD-BORNE PATHOGENS

Problem: The Opioid Crisis is Associated with Increases in Blood-Borne Diseases

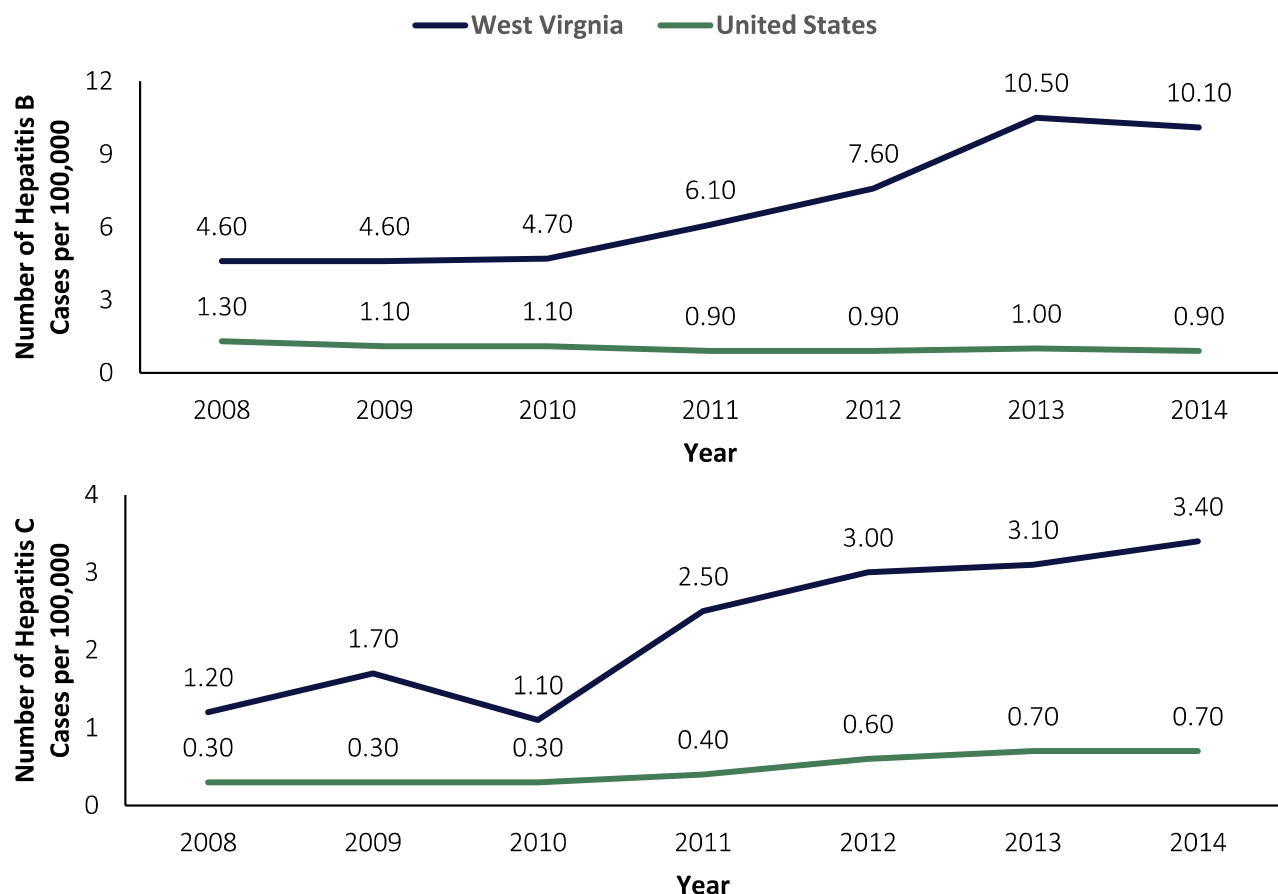
The opioid epidemic has coincided with increases in blood-borne infectious diseases associated with drug misuse. West Virginia's severe opioid crisis led to larger increases in its incidence rate of hepatitis B and C over the period 2010-2014 compared with changes in the national rate. The state's incidence rate of hepatitis B was 10.10 cases per 100,000 population in 2014, which is the highest rate in the nation and more than 10 times the national rate; its incidence rate of hepatitis C is the second highest in the nation and about five times the national rate (see **Figure 3**). And, Cabell and Wayne

Counties are two of the top 220 counties the Centers for Disease Control identified as highly vulnerable to sudden outbreaks of hepatitis C or HIV.⁴ The area's high incidence of such diseases and vulnerability to outbreaks followed the decrease in illegally diverted prescription medication and rise in heroin use since 2010 and is considered a *public health emergency*.

The MODCP's Response: Using Harm Reduction to Prevent the Spread of Blood-Borne Pathogens

Since 2014, the MODCP has focused on promoting harm reduction and opening a program in the Huntington area to curtail the spread of blood-borne diseases. During the fall of 2015, the Cabell-Huntington Health Department opened its Harm Reduction

Figure 3. Incidence of Acute Hepatitis B and C in West Virginia and the US, 2008-2014



Source: Centers for Disease Control

Program, the first of its kind in the state. The program provides syringe exchange; screening tests for HIV and hepatitis; peer recovery coaches; education, such as naloxone training; and health services, including primary care and chronic disease management. Staff members also provide referrals to treatment programs and support services. During its first nine months, the program had almost 4,000 visits with about 150 clients each week. Other programs have since been created throughout West Virginia, modeled after the program in Huntington, and the Health Department also aims to expand the program in Cabell County.⁵

OBJECTIVE 3: REDUCE THE INCIDENCE OF NEONATAL ABSTINENCE SYNDROME

Problem: Existing Prevention Efforts Have Neglected Primary Prevention

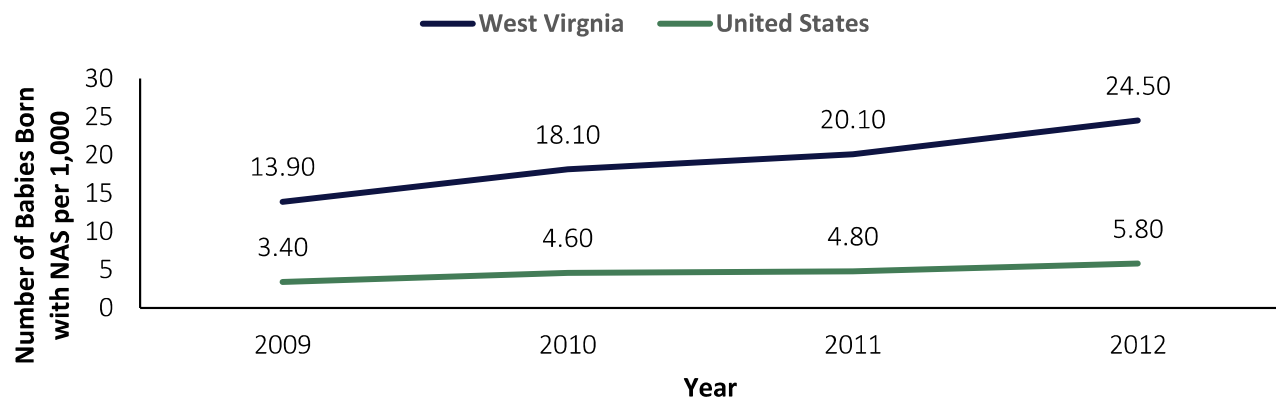
The rate of infants born with neonatal abstinence syndrome (NAS) has increased in the Huntington area. In 2014, more than 275 babies were born with NAS in Huntington area hospitals, and the incidence of NAS in Cabell County is 10 times higher than the national average. The state's incidence rate of NAS increased over the period 2009-2012 from 13.90 to 24.50 per 1,000 population and was estimated to be 49.9 in 2016 (see **Figure 4**).⁶ Babies with NAS suffer withdrawal symptoms immediately following birth, such as restless sleep, increased respiration, convulsions, and vomiting,

and are at an increased risk of sudden infant death syndrome.⁷ Children who were prenatally exposed to drugs may also have delayed cognitive, motor, and communication skills.⁸ While the MODCP aims to reduce the incidence of NAS in the Huntington area, it has, thus far, lacked efforts that focus on primary prevention.

The MODCP's Response: Promoting the Development of a Primary Prevention Program for Women

Modeled after an approach in Sevier County, TN, the MODCP is promoting the development of the Cabell County Primary Prevention Initiative, which will educate women with a history of substance abuse about NAS and voluntary long-acting reversible contraceptive options in sessions organized by the Marshall University Schools of Pharmacy and Medicine, Appalachia HIDTA, West Virginia Department of Military Affairs and Public Safety, and other key stakeholders. To help women access the program and treatment services, a 24-hour call line will be available to assist with scheduling appointments and make referrals; and train and bus fare will be provided to those who lack access to transportation. Program participants will be recruited from local treatment centers; the Harm Reduction Program; and Cabell County Drug Court. Sessions would also be provided in correctional facilities. The MODCP is currently working to secure funding to implement this initiative.

Figure 4. Incidence of Neonatal Abstinence Syndrome in West Virginia and the US, 2009-2012



3 | Treatment and Recovery

Goal, Objectives, and Key Efforts

Goal

To increase the menu of options for treatment and recovery and improve coordination between key stakeholders.

Objectives

1. Expand existing programs and develop outpatient treatment options
2. Develop treatment and recovery programs for women and children
3. Streamline stakeholders' efforts and data

Existing Efforts

- Expanding services at existing treatment and recovery centers
- Creating transitional housing
- Developing long-term outpatient services

Planned Efforts

- Expanding medication-assisted treatment
- Establishing a residential treatment program and family addiction program for women who struggle with addiction and children with NAS
- Creating the Center for Information, Services, Assessment, and Referral
- Expanding Screening, Brief Intervention, and Refer to Treatment training
- Building a Smart Community with a centralized information system

Key Stakeholders

Marshall University, Cabell County 911, state and local health departments and medical facilities, and local treatment and recovery centers

As the opioid crisis has worsened, the MODCP has worked to assess gaps in treatment and recovery services and partnered with key stakeholders to close those gaps toward providing a full continuum of care. The MODCP recognizes there is no clear path to recovery; different treatments may work for different people at different times. As a result, it has worked to create a plethora of treatment options in Huntington. Over the next two years, the MODCP aims to further increase the menu of treatment and recovery options and improve coordination between key stakeholders.

OBJECTIVE 1: EXPAND EXISTING PROGRAMS AND DEVELOP OUTPATIENT TREATMENT OPTIONS

Problem: Existing Facilities and Programs Lack Sufficient Capacity

As of October 2015, West Virginia had 750 treatment beds, and all facilities had a long waitlist.⁹ The number of beds has increased, but demand still far exceeds the supply of treatment beds as more than 150,000 West Virginians struggle with substance abuse and addiction. Huntington's largest residential recovery facility, Recovery Point, has 100 beds and a waitlist of up to six months. The Huntington Comprehensive Treatment Center, which serves 1,000 patients every day, is also at capacity; and, the handful of facilities and physicians providing medication-assisted treatment (MAT) have waitlists as long as 18 months.¹⁰ If people seeking treatment are denied access to services, they may be less likely to recover. However, with existing facilities and programs always at capacity, Huntington is in dire need of more treatment and recovery services.

The MODCP's Response: Increasing the Menu of Treatment Options

Since 2014, the MODCP has worked with area legislators to secure funding to expand programs and

services at existing treatment and recovery centers. It is also working with Marshall University to create transitional housing and has partnered with Prestera Center and the medical community to develop intensive, long-term outpatient services.

Based on a successful approach in Baltimore, MD, the MODCP also plans to expand access to MAT in the Huntington area and is partnering with the DEA and Marshall University Schools of Pharmacy and Medicine. The MODCP expects doing so will help bridge the gap between the supply of and demand for treatment, provide an option for people who do not want to enter a long-term residential program, reduce the number of overdoses, and mitigate the costs associated with the opioid crisis in the long run.

OBJECTIVE 2: DEVELOP TREATMENT AND RECOVERY PROGRAMS FOR WOMEN AND CHILDREN

Problem: Few of the Existing Facilities and Programs Serve Women and Children

Most residential treatment facilities in Huntington only serve men, and existing programs that do serve women, together, have fewer than 50 treatment beds. As the MODCP promotes the creation of a primary prevention program to reduce the incidence of NAS, it also recognizes the need for more treatment options for women and follow-up services for infants with NAS. Currently, there is no long-term treatment program in the area for those children (and their mothers).

The MODCP's Response: Developing Programs for Women and Children

The MODCP has applied for funding to implement two programs for women and children. One would be a long-term residential program for women and their children under the age of 12. Within the program, women would be provided with various services, including family therapy and vocational planning. The MODCP is also partnering with other organizations to start a family addiction program for women with substance use disorder and infants with NAS, which will provide group addiction counseling, parent-child

interaction therapy, and specialized childcare. The program would follow those children from infancy to kindergarten to mitigate NAS's long-term effects. Key stakeholders for developing these programs include Marshall University's Healthy Connections Coalition, Lily's Place, and area hospitals. Researchers at Marshall are also conducting a needs assessment of the area's public schools toward providing better educational services for children born with NAS.¹¹

OBJECTIVE 3: STREAMLINE STAKEHOLDERS' EFFORTS AND DATA

Problem: Stakeholders Operate in Silos

While stakeholders in the Huntington area have increasingly collaborated to better address the opioid crisis, they still largely operate in silos. Data, such as overdose occurrences and treatment bed availability, are managed by separate organizations, which has resulted in inefficiency. Individuals seeking treatment also have to identify and navigate the different treatment options themselves and, as a result, may be discouraged by being placed on a long waitlist or access resources that are less suitable to their needs.

The MODCP's Response: Streamlining Assessments, Referrals, and Data

The MODCP has planned two initiatives to disrupt silos and improve coordination between key stakeholders. First, it plans to develop the Center for Information, Services, Assessment, and Referral, a regional hub where people suffering from substance use disorder can receive information about treatment resources, complete assessments, and receive referrals to programs and services. And, it is working with Marshall University to expand Screening, Brief Intervention, and Refer to Treatment training to help providers better assess clients' needs and make appropriate referrals to treatment. The MODCP also plans to create a Smart Community that integrates the data from multiple stakeholders into a centralized information system. Key partners for these projects include Marshall University, Cabell County 911, state and local health departments and medical facilities, and local treatment and recovery centers.

4 | Law Enforcement

Goal, Objectives, and Key Efforts

Goal

To improve law enforcement's ability to target and address drug trafficking and divert people struggling with addiction into treatment and recovery.

Objectives

1. Reduce drug trafficking
2. Divert people with drug addiction into treatment and help them reenter society once in recovery

Existing Efforts

- Advocating for laws toward better targeting and punishing drug dealers
- Expanding the Law Enforcement Assisted Diversion program
- Expanding the drug court to serve female prostitutes struggling with drug addiction
- Advocating for legislation to reduce felonies for non-violent offenders

Planned Efforts

- Obtaining real-time overdose data
- Adopting the DEA 360 Strategy
- Developing quick response teams to respond to overdose calls and direct people to treatment following an overdose

Key Stakeholders

US Attorney's Office, the DEA, Huntington Police Department, Appalachia HIDTA, Cabell County Day Report Center, Cabell County Drug Court, Marshall University, Marshall Health, local medical facilities, and local treatment and recovery centers

To adequately address the opioid crisis, the MODCP recognizes it must not only focus on reducing demand but also on decreasing drug supply. With the emergence of synthetic opioids, it is even more critical for Huntington to increase enforcement efforts. The MODCP specifically aims to improve law enforcement's ability to target and address drug trafficking in the area and divert people struggling with addiction into treatment and recovery. It has the following objectives:

OBJECTIVE 1: REDUCE DRUG TRAFFICKING

Problem: The Huntington Area is an Epicenter for Drug Distribution

The Huntington area's high addiction rate, varying transportation systems, proximity to cities like Detroit, and archaic laws for punishing dealers have made it relatively easy for traffickers to transport drugs through the region and caused Huntington to become a prime location for drug distribution.¹² Currently, drug traffickers may receive the same penalty regardless of the quantity of the illegal substance they distribute. As it is not considered a crime to carry a firearm while transporting drugs, trafficking threatens the safety of residents and first responders. To more adequately address the opioid crisis in the long term, it is imperative to increase enforcement efforts to make the Huntington area a more difficult place to transport and sell drugs.

The MODCP's Response: Strengthening Law Enforcement's Ability to Target and Address Drug Trafficking

The MODCP has worked with West Virginian legislators to develop laws that increase penalties for drug traffickers and help protect public safety. It has specifically advocated for creating a separate felony for possessing a firearm while trafficking drugs or

increasing the penalty for a drug trafficking conviction if the court discovers a firearm was used or possessed at the time a crime was committed. The MODCP has also supported changing laws to enhance sentencing based on the quantity of substances possessed.

The MODCP will also continue strengthening its partnership with the Appalachia HIDTA to implement that organization's Heroin Response Strategy and obtain real-time information about the location and occurrence of overdoses. The Appalachia HIDTA is developing the OD Map, which will provide such real-time data. Those organizations will also provide resiliency training for first responders and are working to secure funding that would allow police officers to work overtime to target drug dealers of substances that caused an overdose, such as heroin and synthetic opioids.

Partnering with the DEA and other law enforcement agencies, the MODCP also plans to adopt the DEA 360 Strategy for addressing the opioid crisis and drug trafficking. The 360 Strategy is a community-based enforcement approach and involves using investigative techniques to target traffickers.

OBJECTIVE 2: DIVERT PEOPLE WITH DRUG ADDICTION INTO TREATMENT AND HELP THEM REENTER SOCIETY ONCE IN RECOVERY

Problem: Imprisoning Non-Violent Drug Offenders and Responding to Overdoses Are Costly

In 2015, incarcerating low-level drug and alcohol abusing offenders at a regional jail cost \$48.25 per day. Without treatment, people often reoffend following their release, leading to additional criminal justice expenses. By contrast, area recovery centers can treat and house people for less than \$30 per day.

Moreover, while increased naloxone use has helped reduce the number of opioid overdose deaths, the emergence of synthetic opioids caused a spike in the number of overdoses in 2016 with many people

overdosing multiple times. As a result, the community has sustained high costs related to first responders responding to overdose calls, and the MODCP recognizes the need to develop follow-up services that direct overdose victims to treatment and recovery services to mitigate those costs.

The MODCP's Response: Developing Programs to Divert Non-Violent Drug Offenders and Overdose Victims into Treatment and Recovery

Partnering with the US Attorney's Office, Huntington Police Department, Cabell County Day Report Center, and Prester Center, the MODCP started the Law Enforcement Assisted Diversion program, a pre-booking diversion program that refers low-level drug offenders to treatment programs and services as an alternative to prosecution. The MODCP has also worked to expand the Cabell County Drug Court to develop a specialized track that serves the needs of female prostitutes struggling with addiction. In addition, the MODCP advocated for legislation that led to the West Virginia Second Chance for Employment Act. Signed by Governor Jim Justice in April 2017, the law will allow non-violent drug offenders to petition to have felony charges reduced to a misdemeanor after 10 years.

Based on an approach used in the Cincinnati, OH, area, the MODCP is also creating quick response teams (QRTs) that consist of a police officer, paramedic, and addiction counselor.¹³ QRTs will respond to overdose calls and conduct follow-up visits at victims' residence to develop a relationship with those individuals, provide information about treatment options, and encourage them to enter treatment. Key stakeholders include Marshall University, Marshall Health, the US Attorney's Office, Huntington Comprehensive Treatment Center, Cabell County Emergency Medical Services, and local treatment and recovery centers.

The MODCP recognizes the need to develop follow-up services that DIRECT OVERDOSE VICTIMS TO TREATMENT AND RECOVERY SERVICES.

Additional Considerations

While the strategies described in this plan will help reduce both the supply of and demand for drugs in the Huntington area, they may not be sufficient for addressing the opioid crisis in the long run. The area's epidemic emerged with the statewide decline in the manufacturing, coal mining, and construction industries.¹⁴ West Virginians working manual labor jobs disproportionately used prescription opioids for job-related injuries and chronic pain. As unemployment increased and the state cracked down on prescription drug use, opioid users turned to cheaper alternatives like heroin. The state of West Virginia continues to have one of the highest unemployment rates in the US, and almost one-third of Huntington's residents live in poverty. Given the link between high unemployment and opioid use, the MODCP and local leaders also recognize the need to improve the area's economy and unemployment rate to curb the opioid crisis in the long term.

As a final consideration, addiction-related stigma still pervades the Huntington area despite the severity of the region's opioid epidemic. That stigma hinders efforts to adequately address the crisis; expand access to treatment options, such as MAT; and help people successfully reenter society once in recovery. The MODCP is developing strategies to educate the community toward reducing stigma in Huntington, including promoting recovery stories. Nevertheless, the MODCP requires and asks for the community's help—your help—in changing negative perceptions regarding substance abuse and addiction. Addiction is a disease.

Acknowledgements

We would like to thank Dr. Elizabeth Ruth Wilson for authoring and designing this plan. Dr. Wilson is a creative problem solver, strategist, and planner. With expertise in creativity, negotiation, and knowledge transfer, she helps organizations understand the strategies for generating better ideas, forge partnerships to pursue those ideas, and recognize when a successful idea may be viably replicated in other environments. She has served as a bridge between research and practice settings, collaborating with both academics and practitioners and translating theory into practice to help organizations disrupt silos and develop data-driven strategies. She advises clients on how to leverage data for making better, informed decisions; increase collaboration within and across organizations; and use technology and innovation to improve their effectiveness and efficiency.

By the age of 24, Dr. Wilson earned a PhD and MS in Management and Organizations from Northwestern University, completing them in three years, and a BS from the University of South Carolina, Summa Cum Laude with Honors from the South Carolina Honors College, graduating with five undergraduate majors in three years. In 2017, she also completed a Master in Public Policy at the Harvard Kennedy School, where she was a John F. Kennedy Fellow.

ENDNOTES

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